

Senate Study Bill 1016 - Introduced

SENATE/HOUSE FILE _____
BY (PROPOSED DEPARTMENT OF
PUBLIC HEALTH BILL)

A BILL FOR

1 An Act relating to programs and services under the purview of
2 the department of public health.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

DIVISION I

ORGANIZED DELIVERY SYSTEMS

Section 1. Section 135H.3, subsection 2, Code 2013, is amended to read as follows:

2. If a child is diagnosed with a biologically based mental illness as defined in section 514C.22 and meets the medical assistance program criteria for admission to a psychiatric medical institution for children, the child shall be deemed to meet the acuity criteria for medically necessary inpatient benefits under a group policy, contract, or plan providing for third-party payment or prepayment of health, medical, and surgical coverage benefits issued by a carrier, as defined in section 513B.2, ~~or by an organized delivery system authorized under 1993 Iowa Acts, ch. 158,~~ that is subject to section 514C.22. Such medically necessary benefits shall not be excluded or denied as care that is substantially custodial in nature under section 514C.22, subsection 8, paragraph "b".

Sec. 2. Section 505.32, subsection 2, paragraph i, Code 2013, is amended by striking the paragraph.

Sec. 3. Section 507B.4, subsection 1, Code 2013, is amended to read as follows:

1. For purposes of subsection 3, paragraph "p", "insurer" means an entity providing a plan of health insurance, health care benefits, or health care services, or an entity subject to the jurisdiction of the commissioner performing utilization review, including an insurance company offering sickness and accident plans, a health maintenance organization, ~~an organized delivery system authorized under 1993 Iowa Acts, ch. 158, and licensed by the department of public health,~~ a nonprofit health service corporation, a plan established pursuant to chapter 509A for public employees, or any other entity providing a plan of health insurance, health care benefits, or health care services. However, "insurer" does not include an entity that sells disability income or long-term care insurance.

Sec. 4. Section 507B.4A, subsection 2, paragraph a, Code

1 2013, is amended to read as follows:

2 a. An insurer providing accident and sickness insurance
3 under chapter 509, 514, or 514A; a health maintenance
4 organization; ~~an organized delivery system authorized under~~
5 ~~1993 Iowa Acts, ch. 158, and licensed by the department of~~
6 ~~public health~~; or another entity providing health insurance or
7 health benefits subject to state insurance regulation shall
8 either accept and pay or deny a clean claim.

9 Sec. 5. Section 509.3A, subsection 11, Code 2013, is amended
10 by striking the subsection.

11 Sec. 6. Section 509.19, subsection 2, paragraph d, Code
12 2013, is amended by striking the paragraph.

13 Sec. 7. Section 513B.2, subsection 8, paragraph k, Code
14 2013, is amended by striking the paragraph.

15 Sec. 8. Section 513B.7, subsection 3, Code 2013, is amended
16 to read as follows:

17 3. A small employer carrier ~~or organized delivery system~~
18 shall make the information and documentation described in
19 subsection 1 available to the commissioner ~~or the director of~~
20 ~~public health~~ upon request. The information is not a public
21 record or otherwise subject to disclosure under chapter 22,
22 and is considered proprietary and trade secret information
23 and is not subject to disclosure by the commissioner ~~or the~~
24 ~~director of public health~~ to persons outside of the division ~~or~~
25 ~~department~~ except as agreed to by the small employer carrier ~~or~~
26 ~~organized delivery system~~ or as ordered by a court of competent
27 jurisdiction.

28 Sec. 9. Section 513B.10, subsection 1, paragraph b,
29 subparagraph (2), unnumbered paragraph 1, Code 2013, is amended
30 to read as follows:

31 Deny such coverage to such employers within the service area
32 of such plan if the carrier ~~or organized delivery system~~ has
33 demonstrated to the ~~applicable state authority~~ commissioner
34 both of the following:

35 Sec. 10. Section 513B.10, subsection 3, paragraph c, Code

1 2013, is amended to read as follows:

2 ~~c.~~ A carrier ~~or organized delivery system~~ shall waive
3 any waiting period applicable to a preexisting condition
4 exclusion or limitation period with respect to particular
5 services under health insurance coverage for the period
6 of time an individual was covered by creditable coverage,
7 provided that the creditable coverage was continuous to a
8 date not more than sixty-three days prior to the effective
9 date of the new coverage. Any period that an individual
10 is in a waiting period for any coverage under group health
11 insurance coverage, or is in an affiliation period, shall not
12 be taken into account in determining the period of continuous
13 coverage. A health maintenance organization that does not
14 use preexisting condition limitations in any of its health
15 insurance coverage may impose an affiliation period. For
16 purposes of this section, "*affiliation period*" means a period
17 of time not to exceed sixty days for new entrants and not to
18 exceed ninety days for late enrollees during which no premium
19 shall be collected and coverage issued is not effective, so
20 long as the affiliation period is applied uniformly, without
21 regard to any health status-related factors. This paragraph
22 does not preclude application of a waiting period applicable
23 to all new enrollees under the health insurance coverage,
24 provided that any ~~carrier or organized delivery system-imposed~~
25 carrier-imposed waiting period is no longer than sixty days and
26 is used in lieu of a preexisting condition exclusion.

27 Sec. 11. Section 513C.3, subsection 5, Code 2013, is amended
28 to read as follows:

29 5. "*Carrier*" means any entity that provides individual
30 health benefit plans in this state. For purposes of this
31 chapter, carrier includes an insurance company, a group
32 hospital or medical service corporation, a fraternal benefit
33 society, a health maintenance organization, and any other
34 entity providing an individual plan of health insurance
35 or health benefits subject to state insurance regulation.

1 ~~"Carrier" does not include an organized delivery system.~~

2 Sec. 12. Section 513C.3, subsection 7, Code 2013, is amended
3 by striking the subsection.

4 Sec. 13. Section 513C.3, subsection 9, Code 2013, is amended
5 to read as follows:

6 9. *"Established service area"* means a geographic area,
7 as approved by the commissioner and based upon the carrier's
8 certificate of authority to transact business in this state,
9 within which the carrier is authorized to provide coverage ~~or~~
10 ~~a geographic area, as approved by the director and based upon~~
11 ~~the organized delivery system's license to transact business~~
12 ~~in this state, within which the organized delivery system is~~
13 ~~authorized to provide coverage.~~

14 Sec. 14. Section 513C.3, subsection 12, Code 2013, is
15 amended by striking the subsection.

16 Sec. 15. Section 513C.3, subsection 15, paragraph a,
17 subparagraph (3), Code 2013, is amended by striking the
18 subparagraph.

19 Sec. 16. Section 513C.7, subsection 1, paragraph b, Code
20 2013, is amended by striking the paragraph.

21 Sec. 17. Section 513C.10, subsection 10, paragraph b, Code
22 2013, is amended by striking the paragraph.

23 Sec. 18. Section 514A.3B, subsection 3, paragraph k, Code
24 2013, is amended by striking the paragraph.

25 Sec. 19. Section 514B.25A, subsection 1, Code 2013, is
26 amended to read as follows:

27 1. Upon a health maintenance organization ~~or organized~~
28 ~~delivery system~~ authorized to do business in this state and
29 ~~licensed by the director of public health~~ being declared
30 insolvent by the district court, the commissioner may levy an
31 assessment on each health maintenance organization ~~or organized~~
32 ~~delivery system~~ doing business in this state and ~~licensed by~~
33 ~~the director of public health, as applicable,~~ to pay claims
34 for uncovered expenditures for enrollees. The commissioner
35 shall not assess an amount in any one calendar year which is

1 more than two percent of the aggregate premium written by each
2 health maintenance organization ~~or organized delivery system~~.

3 Sec. 20. Section 514C.10, subsection 2, paragraph e, Code
4 2013, is amended by striking the paragraph.

5 Sec. 21. Section 514C.11, Code 2013, is amended to read as
6 follows:

7 **514C.11 Services provided by licensed physician assistants**
8 **and licensed advanced registered nurse practitioners.**

9 Notwithstanding section 514C.6, a policy or contract
10 providing for third-party payment or prepayment of health or
11 medical expenses shall include a provision for the payment
12 of necessary medical or surgical care and treatment provided
13 by a physician assistant licensed pursuant to chapter 148C,
14 or provided by an advanced registered nurse practitioner
15 licensed pursuant to chapter 152 and performed within the
16 scope of the license of the licensed physician assistant or
17 the licensed advanced registered nurse practitioner if the
18 policy or contract would pay for the care and treatment if
19 the care and treatment were provided by a person engaged in
20 the practice of medicine and surgery or osteopathic medicine
21 and surgery under chapter 148. The policy or contract shall
22 provide that policyholders and subscribers under the policy
23 or contract may reject the coverage for services which may
24 be provided by a licensed physician assistant or licensed
25 advanced registered nurse practitioner if the coverage is
26 rejected for all providers of similar services. A policy or
27 contract subject to this section shall not impose a practice
28 or supervision restriction which is inconsistent with or more
29 restrictive than the restriction already imposed by law. This
30 section applies to services provided under a policy or contract
31 delivered, issued for delivery, continued, or renewed in this
32 state on or after July 1, 1996, and to an existing policy or
33 contract, on the policy's or contract's anniversary or renewal
34 date, or upon the expiration of the applicable collective
35 bargaining contract, if any, whichever is later. This section

1 does not apply to policyholders or subscribers eligible for
2 coverage under Tit. XVIII of the federal Social Security Act
3 or any similar coverage under a state or federal government
4 plan. For the purposes of this section, third-party payment
5 or prepayment includes an individual or group policy of
6 accident or health insurance or individual or group hospital
7 or health care service contract issued pursuant to chapter
8 509, 514, or 514A, an individual or group health maintenance
9 organization contract issued and regulated under chapter 514B,
10 ~~an organized delivery system contract regulated under rules~~
11 ~~adopted by the director of public health,~~ or a preferred
12 provider organization contract regulated pursuant to chapter
13 514F. Nothing in this section shall be interpreted to require
14 an individual or group health maintenance organization, ~~an~~
15 ~~organized delivery system,~~ or a preferred provider organization
16 or arrangement to provide payment or prepayment for services
17 provided by a licensed physician assistant or licensed advanced
18 registered nurse practitioner unless the physician assistant's
19 supervising physician, the physician-physician assistant team,
20 the advanced registered nurse practitioner, or the advanced
21 registered nurse practitioner's collaborating physician has
22 entered into a contract or other agreement to provide services
23 with the individual or group health maintenance organization,
24 ~~the organized delivery system,~~ or the preferred provider
25 organization or arrangement.

26 Sec. 22. Section 514C.13, subsection 1, paragraph h, Code
27 2013, is amended by striking the paragraph.

28 Sec. 23. Section 514C.14, subsections 1 and 3, Code 2013,
29 are amended to read as follows:

30 1. Except as provided under subsection 2 or 3, a carrier,
31 as defined in section 513B.2, ~~an organized delivery system~~
32 ~~authorized under 1993 Iowa Acts, ch. 158,~~ or a plan established
33 pursuant to chapter 509A for public employees, which terminates
34 its contract with a participating health care provider,
35 shall continue to provide coverage under the contract to a

1 covered person in the second or third trimester of pregnancy
2 for continued care from such health care provider. Such
3 persons may continue to receive such treatment or care through
4 postpartum care related to the child birth and delivery.
5 Payment for covered benefits and benefit levels shall be
6 according to the terms and conditions of the contract.

7 3. A carrier, ~~organized delivery system,~~ or a plan
8 established under chapter 509A, which terminates the contract
9 of a participating health care provider for cause shall not
10 be liable to pay for health care services provided by the
11 health care provider to a covered person following the date of
12 termination.

13 Sec. 24. Section 514C.15, unnumbered paragraph 1, Code
14 2013, is amended to read as follows:

15 A carrier, as defined in section 513B.2; ~~an organized~~
16 ~~delivery system authorized under 1993 Iowa Acts, ch. 158,~~
17 ~~and licensed by the director of public health,~~ or a plan
18 established pursuant to chapter 509A for public employees,
19 shall not prohibit a participating provider from, or penalize a
20 participating provider for, doing either of the following:

21 Sec. 25. Section 514C.16, subsection 1, Code 2013, is
22 amended to read as follows:

23 1. A carrier, as defined in section 513B.2; ~~an organized~~
24 ~~delivery system authorized under 1993 Iowa Acts, ch. 158,~~
25 ~~and licensed by the director of public health,~~ or a plan
26 established pursuant to chapter 509A for public employees,
27 which provides coverage for emergency services, is responsible
28 for charges for emergency services provided to a covered
29 individual, including services furnished outside any
30 contractual provider network or preferred provider network.
31 Coverage for emergency services is subject to the terms and
32 conditions of the health benefit plan or contract.

33 Sec. 26. Section 514C.17, subsections 1 and 3, Code 2013,
34 are amended to read as follows:

35 1. Except as provided under subsection 2 or 3, if a carrier,

1 as defined in section 513B.2, ~~an organized delivery system~~
2 ~~authorized under 1993 Iowa Acts, ch. 158,~~ or a plan established
3 pursuant to chapter 509A for public employees, terminates its
4 contract with a participating health care provider, a covered
5 individual who is undergoing a specified course of treatment
6 for a terminal illness or a related condition, with the
7 recommendation of the covered individual's treating physician
8 licensed under chapter 148 may continue to receive coverage for
9 treatment received from the covered individual's physician for
10 the terminal illness or a related condition, for a period of
11 up to ninety days. Payment for covered benefits and benefit
12 levels shall be according to the terms and conditions of the
13 contract.

14 3. Notwithstanding subsections 1 and 2, a carrier,
15 ~~organized delivery system,~~ or a plan established under chapter
16 509A which terminates the contract of a participating health
17 care provider for cause shall not be required to cover health
18 care services provided by the health care provider to a covered
19 person following the date of termination.

20 Sec. 27. Section 514C.18, subsection 2, paragraph a,
21 subparagraph (6), Code 2013, is amended by striking the
22 subparagraph.

23 Sec. 28. Section 514C.19, subsection 7, paragraph a,
24 subparagraph (6), Code 2013, is amended by striking the
25 subparagraph.

26 Sec. 29. Section 514C.20, subsection 3, paragraph f, Code
27 2013, is amended by striking the paragraph.

28 Sec. 30. Section 514C.21, subsection 2, paragraph d, Code
29 2013, is amended by striking the paragraph.

30 Sec. 31. Section 514C.22, subsection 1, unnumbered
31 paragraph 1, Code 2013, is amended to read as follows:

32 Notwithstanding the uniformity of treatment requirements of
33 section 514C.6, a group policy, contract, or plan providing
34 for third-party payment or prepayment of health, medical, and
35 surgical coverage benefits issued by a carrier, as defined in

1 ~~section 513B.2, or by an organized delivery system authorized~~
2 ~~under 1993 Iowa Acts, ch. 158,~~ shall provide coverage benefits
3 for treatment of a biologically based mental illness if either
4 of the following is satisfied:

5 Sec. 32. Section 514C.25, subsection 2, paragraph a,
6 subparagraph (5), Code 2013, is amended by striking the
7 subparagraph.

8 Sec. 33. Section 514C.26, subsection 5, paragraph a,
9 subparagraph (6), Code 2013, is amended by striking the
10 subparagraph.

11 Sec. 34. Section 514C.27, subsection 1, unnumbered
12 paragraph 1, Code 2013, is amended to read as follows:

13 Notwithstanding the uniformity of treatment requirements
14 of section 514C.6, a group policy or contract providing for
15 third-party payment or prepayment of health or medical expenses
16 issued by a carrier, as defined in section 513B.2, ~~or by an~~
17 ~~organized delivery system authorized under 1993 Iowa Acts,~~
18 ~~chapter 158,~~ shall provide coverage benefits to an insured who
19 is a veteran for treatment of mental illness and substance
20 abuse if either of the following is satisfied:

21 Sec. 35. Section 514C.29, subsection 2, paragraph e, Code
22 2013, is amended by striking the paragraph.

23 Sec. 36. Section 514E.1, subsection 6, paragraph k, Code
24 2013, is amended by striking the paragraph.

25 Sec. 37. Section 514E.1, subsection 17, Code 2013, is
26 amended by striking the subsection.

27 Sec. 38. Section 514E.2, subsection 1, paragraph a, Code
28 2013, is amended to read as follows:

29 a. ~~All carriers and all organized delivery systems licensed~~
30 ~~by the director of public health~~ providing health insurance or
31 health care services in Iowa, whether on an individual or group
32 basis, and all other insurers designated by the association's
33 board of directors and approved by the commissioner shall be
34 members of the association.

35 Sec. 39. Section 514F.5, Code 2013, is amended to read as

1 follows:

2 **514F.5 Experimental treatment review.**

3 1. A carrier, as defined in section 513B.2, ~~an organized~~
4 ~~delivery system authorized under 1993 Iowa Acts, ch. 158,~~ or a
5 plan established pursuant to chapter 509A for public employees,
6 that limits coverage for experimental medical treatment, drugs,
7 or devices, shall develop and implement a procedure to evaluate
8 experimental medical treatments and shall submit a description
9 of the procedure to the division of insurance. The procedure
10 shall be in writing and must describe the process used to
11 determine whether the carrier, ~~organized delivery system,~~
12 or chapter 509A plan will provide coverage for new medical
13 technologies and new uses of existing technologies. The
14 procedure, at a minimum, shall require a review of information
15 from appropriate government regulatory agencies and published
16 scientific literature concerning new medical technologies, new
17 uses of existing technologies, and the use of external experts
18 in making decisions. A carrier, ~~organized delivery system,~~
19 or chapter 509A plan shall include appropriately licensed
20 or qualified professionals in the evaluation process. The
21 procedure shall provide a process for a person covered under
22 a plan or contract to request a review of a denial of coverage
23 because the proposed treatment is experimental. A review of
24 a particular treatment need not be reviewed more than once a
25 year.

26 2. A carrier, ~~organized delivery system,~~ or chapter 509A
27 plan that limits coverage for experimental treatment, drugs, or
28 devices shall clearly disclose such limitations in a contract,
29 policy, or certificate of coverage.

30 Sec. 40. Section 514I.2, subsection 10, Code 2013, is
31 amended to read as follows:

32 10. "*Participating insurer*" means any entity licensed by the
33 division of insurance of the department of commerce to provide
34 health insurance in Iowa ~~or an organized delivery system~~
35 ~~licensed by the director of public health~~ that has contracted

1 with the department to provide health insurance coverage to
2 eligible children under this chapter.

3 Sec. 41. Section 514J.102, subsection 23, Code 2013, is
4 amended to read as follows:

5 23. "*Health carrier*" means an entity subject to the
6 insurance laws and regulations of this state, or subject
7 to the jurisdiction of the commissioner, including an
8 insurance company offering sickness and accident plans, a
9 health maintenance organization, a nonprofit health service
10 corporation, a plan established pursuant to chapter 509A
11 for public employees, or any other entity providing a plan
12 of health insurance, health care benefits, or health care
13 services. ~~"Health carrier" includes, for purposes of this~~
14 ~~chapter, an organized delivery system.~~

15 Sec. 42. Section 514J.102, subsection 28, Code 2013, is
16 amended by striking the subsection.

17 Sec. 43. Section 514L.1, subsection 3, Code 2013, is amended
18 to read as follows:

19 3. "*Provider of third-party payment or prepayment of*
20 *prescription drug expenses*" or "*provider*" means a provider of an
21 individual or group policy of accident or health insurance or
22 an individual or group hospital or health care service contract
23 issued pursuant to chapter 509, 514, or 514A, a provider of a
24 plan established pursuant to chapter 509A for public employees,
25 a provider of an individual or group health maintenance
26 organization contract issued and regulated under chapter 514B,
27 ~~a provider of an organized delivery system contract regulated~~
28 ~~under rules adopted by the director of public health,~~ a
29 provider of a preferred provider contract issued pursuant to
30 chapter 514F, a provider of a self-insured multiple employer
31 welfare arrangement, and any other entity providing health
32 insurance or health benefits which provide for payment or
33 prepayment of prescription drug expenses coverage subject to
34 state insurance regulation.

35 Sec. 44. Section 514L.2, subsection 1, paragraph a,

1 unnumbered paragraph 1, Code 2013, is amended to read as
2 follows:

3 A provider of third-party payment or prepayment of
4 prescription drug expenses, including the provider's agents or
5 contractors and pharmacy benefits managers, that issues a card
6 or other technology for claims processing and an administrator
7 of the payor, excluding administrators of self-funded employer
8 sponsored health benefit plans qualified under the federal
9 Employee Retirement Income Security Act of 1974, shall issue
10 to its insureds a card or other technology containing uniform
11 prescription drug information. The commissioner of insurance
12 shall adopt rules for the uniform prescription drug information
13 card or technology applicable to those entities subject to
14 regulation by the commissioner of insurance. ~~The director of~~
15 ~~public health shall adopt rules for the uniform prescription~~
16 ~~drug information card or technology applicable to organized~~
17 ~~delivery systems.~~ The rules shall require at least both of the
18 following regarding the card or technology:

19 Sec. 45. Section 521F.2, subsection 7, Code 2013, is amended
20 to read as follows:

21 7. "*Health organization*" means a health maintenance
22 organization, limited service organization, dental or vision
23 plan, hospital, medical and dental indemnity or service
24 corporation or other managed care organization licensed under
25 chapter 514, or 514B, ~~or 1993 Iowa Acts, ch. 158,~~ or any other
26 entity engaged in the business of insurance, risk transfer,
27 or risk retention, that is subject to the jurisdiction of the
28 commissioner of insurance ~~or the director of public health.~~
29 "*Health organization*" does not include an insurance company
30 licensed to transact the business of insurance under chapter
31 508, 515, or 520, and which is otherwise subject to chapter
32 521E.

33 Sec. 46. 1993 Iowa Acts, chapter 158, section 4, is amended
34 to read as follows:

35 SEC. 4. EMERGENCY RULES. Pursuant to sections 1, and 2, ~~and~~

1 3 of this Act, the commissioner of insurance ~~or the director of~~
2 ~~public health~~ shall adopt administrative rules under section
3 17A.4, subsection 2, and section 17A.5, subsection 2, paragraph
4 "b", to implement the provisions of this Act and the rules
5 shall become effective immediately upon filing, unless a later
6 effective date is specified in the rules. Any rules adopted in
7 accordance with the provisions of this section shall also be
8 published as notice of intended action as provided in section
9 17A.4.

10 Sec. 47. REPEAL. Section 135.120, Code 2013, is repealed.

11 Sec. 48. REPEAL. 1993 Iowa Acts, chapter 158, section 3,
12 is repealed.

13 Sec. 49. CODE EDITOR DIRECTIVE — ORGANIZED DELIVERY
14 SYSTEMS.

15 1. Sections 505.32, 509A.6, 513B.5, 513B.6, 513B.7,
16 513B.9A, 513B.10, 513C.3, 513C.6, 513C.7, 513C.9, 513C.10,
17 514B.25A, 514C.13, 514C.15, 514C.22, 514C.27, 514E.2, 514E.7,
18 514E.9, 514E.11, 514K.1, Code 2013, are amended as follows:

19 a. By striking from the sections "organized delivery
20 system".

21 b. By striking from the sections "organized delivery
22 systems".

23 c. By striking from the sections "organized delivery
24 system's".

25 d. By striking from the sections "system".

26 2. Sections 513B.5, 513B.7, 513B.10, 513C.5, 513C.6,
27 513C.10, 514E.9, and 514K.1, Code 2013, are amended as follows:

28 a. By striking from the sections "director of public
29 health".

30 b. By striking from the sections "director".

31 DIVISION II

32 TRAUMA SYSTEM QUALITY IMPROVEMENT

33 Sec. 50. Section 147A.25, subsection 1, paragraph h, Code
34 2013, is amended to read as follows:

35 h. ~~Iowa foundation of medical care director~~ A representative

1 of the state's Medicare quality improvement organization.

2 DIVISION III

3 REIMBURSEMENT FOR CERTAIN AUTOPSIES

4 Sec. 51. Section 331.802, subsection 2, paragraph c, Code
5 2013, is amended to read as follows:

6 c. The fee and expenses of the county medical examiner who
7 performs an autopsy or conducts an investigation of a person
8 who dies after being brought into this state for emergency
9 medical treatment by or at the direction of an out-of-state
10 law enforcement officer or public authority shall be paid by
11 the state. A claim for payment shall be filed with ~~the Iowa~~
12 ~~department of public health. If moneys are not appropriated~~
13 ~~to the Iowa department of public health for the payment of~~
14 ~~autopsies under this paragraph, claims for payment shall be~~
15 ~~forwarded to the state appeal board and, if authorized by the~~
16 ~~board, shall be paid out of moneys in the general fund of the~~
17 ~~state not otherwise appropriated.~~

18 Sec. 52. Section 331.802, subsection 4, Code 2013, is
19 amended to read as follows:

20 4. The county medical examiner shall conduct the
21 investigation in the manner required by the state medical
22 examiner and shall determine whether the public interest
23 requires an autopsy or other special investigation. However,
24 if the death occurred in the manner specified in subsection
25 3, paragraph "j", the county medical examiner shall order
26 an autopsy, claims for the expense payment of which shall
27 be reimbursed by the Iowa department of public health filed
28 with the state appeal board and, if authorized by the board,
29 shall be paid out of moneys in the general fund of the state
30 not otherwise appropriated. In determining the need for an
31 autopsy, the county medical examiner may consider the request
32 for an autopsy from a public official or private person, but
33 the state medical examiner or the county attorney of the county
34 where the death occurred may require an autopsy.

35 DIVISION IV

1 HIV HOME TEST KITS

2 Sec. 53. REPEAL. Section 126.25, Code 2013, is repealed.

3 DIVISION V

4 TOBACCO CESSATION SERVICES — MINORS

5 Sec. 54. NEW SECTION. 142A.11 **Application for services —**
6 **minors.**

7 A minor shall have the legal capacity to act and give
8 consent to the provision of tobacco cessation services by
9 a hospital, clinic, health care provider, or other tobacco
10 cessation services provider. Consent shall not be subject to
11 later disaffirmance by reason of such minority. The consent of
12 another person, including but not limited to the consent of a
13 spouse, parent, custodian, or guardian, shall not be necessary.

14 EXPLANATION

15 This bill includes provisions that relate to programs and
16 services under the purview of the department of public health
17 (DPH). The bill is organized in divisions.

18 Division I relates to organized delivery systems that are
19 regulated by DPH. Organized delivery systems were created
20 pursuant to 1993 Iowa Acts, chapter 158. Rules adopted
21 under the provision define an organized delivery system as
22 "an organization with defined governance that is responsible
23 for delivering or arranging to deliver the full range of
24 health care services covered under a standard benefit plan
25 and is accountable to the public for the cost, quality and
26 access of its services and for the effect of its services
27 on their health." (641 IAC 201.2) An organization operating
28 as an organized delivery system is required to assume risk
29 and be subject to solvency standards. The bill eliminates
30 all references to organized delivery systems in the Code and
31 repeals the provision in the Acts authorizing the establishment
32 of organized delivery systems. The most recent application for
33 licensure was received by DPH in 1998. Since being authorized
34 in 1993, only two entities applied for licensure as organized
35 delivery systems and both of these entities have since ceased

1 operations.

2 Division II relates to the membership of the system
3 evaluation and quality improvement committee for the trauma
4 system in the state. The bill changes the membership by
5 replacing the specific name of the one membership entity
6 with a general reference to the Medicare quality improvement
7 organization in the state.

8 Division III relates to county reimbursement for
9 investigations and autopsies that are for persons who die after
10 being brought into the state for emergency medical treatment
11 by or at the direction of an out-of-state law enforcement
12 officer or public authority; or for autopsies relating to the
13 death of a child under the age of two years if death results
14 from an unknown cause or if the circumstances surrounding the
15 death indicate that sudden infant death syndrome may be the
16 cause of death. Current law directs that claims for these
17 investigations and autopsies are to be filed by counties
18 initially with DPH, and, if moneys are not appropriated to
19 DPH for this purpose, the claims are to then be forwarded to
20 the state appeal board. Under the bill, claims would not be
21 initially filed with DPH, but would instead be filed directly
22 with the state appeal board for authorization of payment
23 from the general fund of the state from funds not otherwise
24 appropriated.

25 Division IV relates to human immunodeficiency virus
26 (HIV) home test kits. Current law prohibits a person from
27 advertising for sale, offering for sale, or selling an HIV
28 home testing kit for antibody or antigen testing, and provides
29 civil and criminal penalties as well as injunctive relief for
30 violation of the prohibition. The United States food and drug
31 administration approved the use of such kits in July 2012, and
32 the bill repeals the Code provision prohibiting the HIV home
33 test kits in the state.

34 Division V of the bill provides that a minor shall have
35 the legal capacity to act and give consent to the provision

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1 of tobacco cessation services by a hospital, clinic, health
2 care provider, or other tobacco cessation services provider.
3 Consent is not subject to later disaffirmance by reason of such
4 minority, and the consent of another person is not necessary.